

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p><b>The C/OH Instruction Guide explains how to complete this form.</b></p>		<p><b>1 Filer ID (Ethics Commission Filers)</b></p>	<p><b>2 Total pages filed:</b> 15</p>								
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>MS / MRS / MR FIRST MI  <b>Mr. Bobby W. Lindamood, Jr.</b>          NICKNAME LAST SUFFIX</p>		<p><b>OFFICE USE ONLY</b></p> <div style="border: 2px solid black; padding: 5px; margin: 10px auto; width: 150px;"> <p><b>RECEIVED</b>              APR 02 2019              CITY SECRETARY'S OFFICE  <i>7:10pm</i></p> </div> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
<p><b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>   <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <b>5508 Janet Ln.              Colleyville, TX 76034</b></p>										
<p><b>5 CANDIDATE / OFFICEHOLDER PHONE</b></p>	<p>AREA CODE PHONE NUMBER EXTENSION  <b>( 214 ) 232-8147</b></p>										
<p><b>6 CAMPAIGN TREASURER NAME</b></p>	<p>MS / MRS / MR FIRST MI  <b>Mrs. Christina Tatum</b>          NICKNAME LAST SUFFIX</p>										
<p><b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <b>4100 Allendale St.              Colleyville, TX 76034</b></p>										
<p><b>8 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE PHONE NUMBER EXTENSION  <b>( 214 ) 801-9933</b></p>										
<p><b>9 REPORT TYPE</b></p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
<p><b>10 PERIOD COVERED</b></p>	<p>Month Day Year      Month Day Year  <b>01 / 16 / 2019      THROUGH      04 / 04 / 2019</b></p>										
<p><b>11 ELECTION</b></p>	<table style="width: 100%;"> <tr> <td style="width: 40%;"> <p>ELECTION DATE</p> <p>Month Day Year  <b>05 / 04 / 2019</b></p> </td> <td style="width: 60%;"> <p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General    <input type="checkbox"/> Special</p> </td> </tr> </table>			<p>ELECTION DATE</p> <p>Month Day Year  <b>05 / 04 / 2019</b></p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General    <input type="checkbox"/> Special</p>						
<p>ELECTION DATE</p> <p>Month Day Year  <b>05 / 04 / 2019</b></p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General    <input type="checkbox"/> Special</p>										
<p><b>12 OFFICE</b></p>	<p>OFFICE HELD (if any)      OFFICE SOUGHT (if known)</p> <p><b>Colleyville City Council, Precinct 2</b></p>										

**GO TO PAGE 2**

**FORM C/OH**  
**COVER SHEET PG 2**

Revised 9/8/2015

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**  
Bobby Lindamood, Jr.**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS**  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,970.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3,045.27
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>10</b>
<b>2</b> FILER NAME Bobby Lindamood, Jr.		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/5/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Frechette <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$) \$250
<b>8</b> Principal occupation / Job title (See Instructions) Sales Engineer		<b>9</b> Employer (See Instructions) Ingersoll Rand
Date 3/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Koether Contributor address; City; State; Zip Code 6808 Mystic Woods Ln., Colleyville, TX 76034	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Farpoint Capital
Date 3/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Tolstyga Contributor address; City; State; Zip Code 733 Bandit Tr., Keller, TX 76248	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) Self Employed
Date 3/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Hart Contributor address; City; State; Zip Code 1600 Glade Rd., Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
10**2** FILER NAME

Bobby Lindamood, Jr.

**3** Filer ID (Ethics Commission Filers)**4** Date

3/8/19

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Shane Nolan

**7** Amount of contribution (\$)

\$50

**6** Contributor address;

City; State; Zip Code

8924 Ashcraft Dr., NRH TX 76182

**8** Principal occupation / Job title (See Instructions)

Self Employed

**9** Employer (See Instructions)

Self Employed Law Firm

## Date

3/8/19

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amy Adams

## Amount of contribution (\$)

\$500

## Contributor address;

City; State; Zip Code

5409 Rustic Trl., Colleyville, TX 76034

## Principal occupation / Job title (See Instructions)

Owner/Operator

## Employer (See Instructions)

Overhead Door Fort Worth

## Date

3/8/19

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Shelia Collinsworth

## Amount of contribution (\$)

\$555

## Contributor address;

City; State; Zip Code

5201 Springlake Pkwy, #1224, Haltom City, TX 75165

## Principal occupation / Job title (See Instructions)

Personal Assistant

## Employer (See Instructions)

Self Employed

## Date

3/8/19

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Barbara Shea

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

6108 Brazos Ct., Colleyville, TX 76034

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

Retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>10</b>
<b>2</b> FILER NAME Bobby Lindamood, Jr.		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/9/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Donnell <b>6</b> Contributor address; City; State; Zip Code 5712 Sycamore Dr., Colleyville, TX 76034	<b>7</b> Amount of contribution (\$) \$25
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Retired		Retired
<b>Date</b> 3/11/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Holt <b>Contributor address; City; State; Zip Code</b> 617 Creekview Ln., Colleyville, TX 76034	<b>Amount of contribution (\$)</b> \$500
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 3/11/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Chappell <b>Contributor address; City; State; Zip Code</b> 1716 Glade Rd., Colleyville, TX 76034	<b>Amount of contribution (\$)</b> \$250
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 3/11/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Germany <b>Contributor address; City; State; Zip Code</b> 2009 Thames Trl., Colleyville, TX 76034	<b>Amount of contribution (\$)</b> \$50
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Park Lane Properties
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 10
<b>2</b> FILER NAME Bobby Lindamood, Jr.		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/16/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Waltens <b>6</b> Contributor address; City; State; Zip Code 716 Duns Tew Path, Colleyville, TX 76034	<b>7</b> Amount of contribution (\$) \$100
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 3/18/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ginger Penny Contributor address; City; State; Zip Code 4720 Bill Simmons, Colleyville, TX 76034	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/20/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jordan Freeman Contributor address; City; State; Zip Code 6310 S. State Highway 360, #1832, Grand Prairie, TX 75052	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wayne Via Contributor address; City; State; Zip Code 2305 Woodmoor Ln., Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Frontier
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>10</b>
<b>2</b> FILER NAME Bobby Lindamood, Jr.		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/8/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Sartain <b>6</b> Contributor address; City; State; Zip Code 7113 Cedar Ct., Colleyville, TX 76034	<b>7</b> Amount of contribution (\$) \$500
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Self Employed
Date 3/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teri Coburn Contributor address; City; State; Zip Code 25 Chandelle Dr., Irving, TX 75060	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Trustee		Employer (See Instructions) Self Employed
Date 3/10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julianna Garrison Contributor address; City; State; Zip Code 6401 Westcoat Dr., Colleyville, TX 76034	Amount of contribution (\$) \$5000
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Groves Contributor address; City; State; Zip Code 5702 Ponderosa St., Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) AA
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**10****2** FILER NAME

Bobby Lindamood, Jr.

**3** Filer ID (Ethics Commission Filers)**4** Date

3/16/19

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kathy Wheat

**7** Amount of contribution (\$)

\$200

**6** Contributor address;

City; State; Zip Code

206 Colden Ct., Colleyville, TX 76034

**8** Principal occupation / Job title (See Instructions)

Self Employed

**9** Employer (See Instructions)

Date

3/19/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anthony Horton

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

2612 Independence Rd., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

George Dodson

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

7309 Balmoral Dr., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/20/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kevin Elder

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

3600 Cambridge Ct., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Global Managing Director

Employer (See Instructions)

IBM

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
10**2** FILER NAME

Bobby Lindamood, Jr.

**3** Filer ID (Ethics Commission Filers)**4** Date

3/19/19

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carole Elmore

**7** Amount of contribution (\$)

\$100

**6** Contributor address;

City; State; Zip Code

805ontreux Ave., Colleyville, TX 76034

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

## Date

3/24/19

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Adam Shepherd

## Amount of contribution (\$)

\$50

## Contributor address;

City; State; Zip Code

2205 Collins Path, Colleyville, TX 76034

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

3/24/19

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Christopher Carson

## Amount of contribution (\$)

\$15

## Contributor address;

City; State; Zip Code

4223 Green Meadows St. W., Colleyville, TX 76034

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

3/25/19

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Marla Albritton

## Amount of contribution (\$)

\$50

## Contributor address;

City; State; Zip Code

3436 Blueberry Ln., Grapevine, TX 76051

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 10
<b>2</b> FILER NAME Bobby Lindamood, Jr.		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/24/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randal Graves <b>6</b> Contributor address; City; State; Zip Code 516 Shelton Dr., Colleyville, TX 76034	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 3/24/19		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Mathisen Contributor address; City; State; Zip Code 317 Chestnut Bend, Colleyville, TX 76034
Principal occupation / Job title (See Instructions) Solutions Executive		Employer (See Instructions) Cisco Systems
Date 3/21/19		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Tedder Contributor address; City; State; Zip Code 7907 Jefferson Cir., Colleyville, TX 76034
Principal occupation / Job title (See Instructions) Territory Mgr.		Employer (See Instructions) Novocure, Inc.
Date 3/24/19		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby King Contributor address; City; State; Zip Code 6604 Carriage Dr., Colleyville, TX 76034
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 10
<b>2</b> FILER NAME Bobby Lindamood, Jr.		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/25/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Van Bever <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$) \$500
<b>8</b> Principal occupation / Job title (See Instructions) Director of Internal Audit		<b>9</b> Employer (See Instructions) Nexstar Media
Date 3/1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Mathisen Contributor address; City; State; Zip Code 600 Colleyville Terrace, Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Mathisen Tax
Date 3/26/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Bardo Contributor address; City; State; Zip Code 203 Virginia Square, Colleyville, TX 76034	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winnie O'Regan Contributor address; City; State; Zip Code 513 Beverly Dr., Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
10**2** FILER NAME

Bobby Lindamood, Jr.

**3** Filer ID (Ethics Commission Filers)**4** Date

3/30/19

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gary Wang

**7** Amount of contribution (\$)

\$200

**6** Contributor address; City; State; Zip Code  
4408 Colleyville Blvd., Colleyville, TX 76034**8** Principal occupation / Job title (See Instructions)

Self Employed

**9** Employer (See Instructions)

Self Employed

## Date

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

Contributor address; City; State; Zip Code

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

Contributor address; City; State; Zip Code

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

Contributor address; City; State; Zip Code

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME Bobby Lindamood, Jr.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/28/19		<b>5</b> Payee name Impress Designs, Inc.			
<b>6</b> Amount (\$) \$786.39		<b>7</b> Payee address; City; State; Zip Code 1404 W. Main St., Carrollton, TX 75006			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) T-Shirts for campaign walkers/workers		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/8/19		Payee name JTD Strategies, LLC			
Amount (\$) \$1166		Payee address; City; State; Zip Code 2028 E. Ben White Blvd., #240-1773, Austin, TX 78741			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Consulting Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/14/19		Payee name Designer Graphics			
Amount (\$) \$1011.46		Payee address; City; State; Zip Code 12404 Hwy. 155 South, Tyler, TX 75703			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Political Signs		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>2</b>	<b>2</b> FILER NAME Bobby Lindamood, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/30/19	<b>5</b> Payee name Walmart Neighborhood Market	
<b>6</b> Amount (\$) \$81.42	<b>7</b> Payee address; City; State; Zip Code 4904 Colleyville Blvd, Colleyville, TX 76034	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expenses for campaign walkers canvassing neighborhoods handing out information on candidates.	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	

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